

Pharmaceutical products already exist; they are called Marinol & Cesamet.

Marijuana's primary psychoactive ingredient delta-9-tetrahydrocannabinol (Delta9-THC) is controlled in schedule I of the Controlled Substances Act (CSA). According to Department of Human Health Services (DHHS), there are two drug products containing cannabinoid compounds that are structurally related to the active components in marijuana. Both are controlled under the CSA and both are pharmaceutical products, approved for marketing by the Food and Drug Administration (FDA).

1. A pharmaceutical product, Marinol, a schedule III drug, is widely available through prescription. It comes in the form of a pill and is also being studied by researchers for suitability via other delivery methods, such as an inhaler or patch. The active ingredient of Marinol is synthetic THC, which has been found to relieve the nausea and vomiting associated with chemotherapy for cancer patients and to assist with loss of appetite with AIDS patients.



2. Another FDA-approved medicine, Cesamet, a schedule II drug, is also available through prescription. It comes in the form of a capsule. The active ingredient of Cesamet is Nabilone, a synthetic cannabinoid, which has a chemical structure similar to THC, the active ingredient of marijuana. Cesamet was approved for marketing by the FDA in 1985 for the treatment of nausea and vomiting associated with cancer chemotherapy.



Unlike smoked marijuana—which contains more than 400 different chemicals, including most of the hazardous chemicals found in tobacco smoke—Marinol and Cesamet has been studied and approved by the medical community and the FDA, the nation's watchdog over unsafe and harmful food and drug products. Since the passage of the 1906 Pure Food and Drug Act, any drug that is marketed in the United States must undergo rigorous scientific testing. The approval process mandated by this act ensures that claims of safety and therapeutic value are supported by clinical evidence and keeps unsafe, ineffective, and dangerous drugs off the market.

There are no FDA-approved medications that are smoked. For one thing, smoking is generally a poor way to deliver medicine. It is difficult to administer safe, regulated dosages of medicines in smoked form. Secondly, the harmful chemicals and carcinogens that are byproducts of smoking create entirely new health problems. There are four times the level of tar in a marijuana cigarette, for example, than in a tobacco cigarette.

Or consider morphine which has proven to be a medically valuable drug, but the FDA does not endorse the smoking of opium or heroin. Instead, scientists have extracted active ingredients from opium, which are sold as pharmaceutical products like morphine, codeine, hydrocodone or oxycodone. In a similar vein, the FDA has not approved smoking marijuana for medicinal purposes, but has approved the active ingredient-THC in the form of scientifically regulated Marinol.

The DEA helped facilitate the research on Marinol. The National Cancer Institute approached the DEA in the early 1980s regarding their study of THC's in relieving nausea and vomiting. As a result, the DEA facilitated the registration and provided regulatory support and guidance for the study. California researchers are studying the potential use of marijuana and its ingredients on conditions such as multiple sclerosis and pain. At this time, however, neither the medical community nor the scientific community has found sufficient data to conclude that smoked marijuana is the best approach to dealing with these important medical issues.

The most comprehensive, scientifically rigorous review of studies of smoked marijuana was conducted by the Institute of Medicine, an organization chartered by the National Academy of Sciences. In a report released in 1999, the Institute did not recommend the use of smoked marijuana, but did conclude that active ingredients in marijuana could be isolated and developed into a variety of pharmaceuticals, such as Marinol.